

Date: _____

09- _____

**CITY OF CANTON
RESIDENTIAL
STORAGE SHED / ACCESSORY BUILDING
ZONING APPLICATION FORM:
50.00 FEE**

PLOT PLAN

JOB ADDRESS: _____

OWNER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

PHONE # () _____

PROPOSED BUILDING SIZE: _____

PROJECT COST: _____

ZONING DISTRICT: _____

PROPERTY LINE SETBACKS:

FRONT: _____ **REAR:** _____

(L) SIDE: _____ **(R) SIDE:** _____

ZONING VERIFIED: _____

DATE: _____

LOCATION of STRUCTURE: _____

CONTRACTOR INFORMATION:

COMPANY: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE # () _____ **FAX # ()** _____

EMAIL: _____

SIGNATURE: _____

(Owner / Agent / Contractor)